

N05 000 000 373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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10/20/28

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VILLA ROSA HOMEOWNERS' ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N05000000373

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Stoloff

Name of Contact Person

Stoloff & Manoff, P.A.

Firm/Company

1818 AUSTRALIAN AVE SOUTH SUITE 400

Address

West Palm Beach, FL 33409

City/State and Zip Code

info@villarosahoaf.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Stoloff

Name of Contact Person

at

561 615-0123

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VILLA ROSA HOMEOWNERS' ASSOCIATION, INC.
2. The principal office address: 3263 Scarletta Drive Riviera Beach, FL 33404

3. The mailing address (if different): C/O COMPLETE PROPERTY MGMT, INC. 3307 NORTHLAKE BLVD. SUITE 107 PALM BEACH GARDENS, FL 33403

4. Date of incorporation/qualification: 01/10/2005 Document number: N05000000373

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DICKER, KRIVOK & STOLOFF PA

1818 AUSTRALIAN AVE SOUTH SUITE 400

WEST PALM BEACH, FL 33409

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

STOLOFF & MANOFF, P.A.

1818 AUSTRALIAN AVE SOUTH SUITE 400

P.O. Box NOT acceptable

WEST PALM BEACH, FL 33409

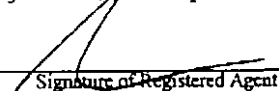
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Karin J. Foley Vice President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

10-2-19
Date

If signing on behalf of an entity:

Scott A. Stolloff

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

FILED
19 OCT 15 PM 3:00
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT